

**MEDICAL CONCEPTS OF DEPRESSION IN THE  
PALLIATIVE CARE SETTING: PERSPECTIVES FROM  
PALLIATIVE MEDICINE SPECIALISTS AND  
PSYCHIATRISTS**

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Thesis submitted for the degree of

**Doctor of Philosophy**

August 2014

This thesis is dedicated to my grandmother, Miranda Ko, whose relentlessly persistent attitude to learning has always been an inspiration to me.

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## **ACKNOWLEDGEMENTS**

The contribution and support of many have been crucial to the completion of this thesis and have made my PhD candidature a rewarding experience.

First, I would like to thank the medical practitioners who took part in this research, who not only generously gave their time and intellectual material, but in many cases, also shared personal experiences and hard-earned wisdom. Their participation and reflections, given their busy schedules, were to me encouragement that my chosen topic was of relevance.

I am grateful to my supervisors for their guidance, the time that they invested in supervision, and their support and flexibility as we negotiated my candidature progression through several employment changes. I particularly thank Professor Anna Chur-Hansen for her exemplary commitment to supervision and accessibility; Associate Professor Gregory Crawford for his balanced perspectives, practical advice and pragmatic assistance in researching in palliative care; and Dr Rajan Nagesh for his gentle encouragement and advice on working in palliative care psychiatry.

The support of my fellow PhD students, their camaraderie, friendship and practical assistance, have made my candidature an enjoyable experience. In particular, I have been fortunate to navigate my candidature alongside Dr Sofia Zambrano Ramos in the area of palliative care, and thank her for being a great sounding board, a knowledgeable advisor and a wonderful friend.

I would also like to acknowledge my employers and colleagues from the Northern Mental Health Service, Northern Adelaide Palliative Care Service, Central Adelaide Palliative Care Service and the University of Adelaide, for their support during my completion of this thesis.

Most importantly, I am indebted to my immediate and extended family for their unwavering support of all my vocational decisions and pursuits over the past two decades. My brother, Brian, has always set an example of academic excellence for me, and we share an idiosyncratic sense of humour that has been a most effective balm for stressful times. Through the years of my studies, I have been increasingly appreciative of the fact that any modest academic achievements on my part have only been attainable because of the importance that my parents have always placed on education, and the sacrifices they have made to provide me with every opportunity of personal and educational freedom. To you, Mum and Dad, I owe everything.

## **ABSTRACT**

Depression is one of the focus areas within the scope of palliative care, but its conceptual ambiguity poses many challenges for clinicians. This ambiguity is arguably more pronounced in the palliative care setting, given the confluence of advanced illness and potential psychosocial, existential and spiritual ramifications at the end-of-life. The existing literature indicates that clinicians hold various notions about depression, which could impact on the diagnosis and treatment of depression. Similarly, conceptual diversity is evident in the palliative care research literature on depression and precludes meaningful meta-synthesis of their findings. This core problem of concept forms the topic of this thesis, which reports on research that explored medical concepts of depression in the palliative care setting.

This thesis is comprised of three studies and is presented in publication format. Study 1 was an exploratory study and a prelude to the other studies. Through the use of a questionnaire, it explored broad concepts of depression that were held by medical practitioners practising in palliative care. In addition to demonstrating conceptual variations, it identified some areas of conceptual differences specific to depression in the palliative care setting, which contributed to the design of Studies 2 and 3. These two studies sought to understand and characterise the conceptualisations of depression from the respective perspectives of palliative medicine specialists and psychiatrists working in the Australian palliative care setting. These medical specialist groups were chosen for their recognised expertise and authority on end-of-life medical care and depression. The two qualitative studies used purposive sampling, a semi-structured, in-depth interviewing technique, and the theoretical framework of Kleinman's Explanatory Model. Thematic analysis was performed on verbatim transcripts.

The findings of the three studies are presented in the form of five papers. Paper 1 reports on the questionnaire study, while the other four papers report on selected aspects of Studies 2 and 3, as determined by the chief thematic domains that were identified through data analysis. The contents are organised in the following manner: Paper 2 focuses on palliative medicine specialists' concepts of depression; Paper 3 on palliative medicine specialists' causal explanations for depression; Paper 4 on palliative medicine specialists' treatment approaches for depression; and Paper 5 on psychiatrists' concepts of depression.

In this thesis, it is demonstrated that depression was not a unitary concept among medical practitioners in the studies, but varied within and between medical disciplines. For palliative medicine specialists, depression involved divergent ontological perspectives that called for an absolute judgement on normality versus pathology on the one hand, and contextual understanding on the other. These perspectives were difficult to unite and gave rise to anxiety over diagnostic boundaries and errors. In comparison, psychiatrists more overtly articulated the heterogeneity of depression and accommodated its multifarious natures using different conceptual models. Specific challenges were highlighted for depression in the palliative care setting, relating to its conceptualisation, diagnosis and treatment. A direct link was also supported between the concept of depression, its causal explanation and treatment approach.

The findings of this thesis have implications for future research on depression in the area of palliative care, developments in treatment guidelines for depression in this area, medical education and professional development for palliative care clinicians, service models for the interfacing of palliative care and psychiatry, and developments in psychiatric nosology and causal explanation frameworks. Furthermore, the central relevance of conceptualisation to clinical practice is illustrated.

## **THESIS DECLARATION**

I certify that this work contains no material which has been accepted for the award of any other degree or diploma in my name, in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text. In addition, I certify that no part of this work will, in the future, be used in a submission in my name, for any other degree or diploma in any university or other tertiary institution without the prior approval of the University of Adelaide and where applicable, any partner institution responsible for the joint-award of this degree.

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Felicity Ng (PhD Candidate)

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